

Membership Application

*Memberships are non-refundable and on an annual or monthly basis.
Must be age 18 to be eligible for membership.*

Name: _____ Date of Birth _____
Last First Middle (Maiden) mm/dd/year

Address: _____ Telephone: _____
Street City Apt. # State Zip Cell Home Work

Email Address: _____

Emergency Contact: _____ Relationship: _____ Telephone: _____
Last First

Membership Category: Student Employee Additional Family Member Stakeholder Constituent Community Pool
 (Check with desk worker if you are not sure)

Membership Type: Month Annual

Do you have any household family members that will be added to the membership at this time? (Up to 3) YES NO

Family Member 1: _____ Date of Birth _____
Last First Middle (Maiden) mm/dd/year

Email Address: _____ Telephone: _____

Family Member 2: _____ Date of Birth _____
Last First Middle (Maiden) mm/dd/year

Email Address: _____ Telephone: _____

Family Member 3: _____ Date of Birth _____
Last First Middle (Maiden) mm/dd/year

Email Address: _____ Telephone: _____

For Hulsey Wellness Center Staff Use Only

Primary Member Name: _____ Policies Signed Release of Liability Signed Staff Initials: _____

Household Family Member 1: _____ Policies Signed Release of Liability Signed Staff Initials: _____

Household Family Member 2: _____ Policies Signed Release of Liability Signed Staff Initials: _____

Household Family Member 3: _____ Policies Signed Release of Liability Signed Staff Initials: _____

Method of Payment: Cash Check Credit Card Payroll Deduction Southern ID

Total Paid: _____ Date Paid: _____ Date Entry Completed: _____ Staff Initials: _____